

1300 Kansas Avenue, Suite B
Great Bend, Kansas 67530



(620) 793-1902

**Pregnancy Maintenance Initiative
Client Satisfaction Survey**

1. Agency Name: _____
2. Agency City: _____
3. How did you learn about these services:

Friend/Relative	Brochure from agency listed above
Pregnancy Care Provider	Church
Media (TV, radio, newspaper)	Health Department
Social Media (Facebook, Twitter, etc)	Another agency: _____
Adoption Agency	School: _____
Hospital	Other, specify: _____
4. Check the services that you received as a result of your participation with the Teen Pregnancy TCM.

Prenatal Medical Care	Adoption Guidance
Medical Care (non-pregnancy related)	Drug/Alcohol Assessment/Treatment
Client	Domestic Abuse Protection
Infant	Child Care
Housing/Utilities	Parenting Education/Support
Alternative Education	Transportation
Paternal Involvement Support	
5. How long did you wait for your first visit with the Teen Pregnancy TCM case manager?

Less than 1 week	3 weeks
1 week	4 weeks or more
2 weeks	
6. Did you have problems getting to the services (e.g., transportations, appointments conflicted with work schedule or school, child care)? No Yes Describe the problem: _____

7. Were the days and times for services good for you? No Yes Describe the problem: _____

8. On the average, how long did you have to wait before you were seen by the case manager or other staff at this agency:

less than 15min	46min.-1 hr.
15-30min.	more than 1 hr.
31-45min.	

9. During your Visits:

Did the case manager carefully listen to you?	Yes	No
Did service providers carefully listen to you?	Yes	No
Do you feel you participated in the goal planning?	Yes	No
Were things explained in a way you could understand?	Yes	No
If you checked "NO" to any of the above, please explain: _____		

10. Did you feel you were fully informed of:

Available services to continue your pregnancy?	Yes	No
Location of services?	Yes	No
Requirements of services?	Yes	No
Length of services during pregnancy and after?	Yes	No

11. If these services had been unavailable, what would you have done in relation to your pregnancy & other needs? _____

12. Would you recommend these services to a friend or relative? Yes No

13. How old are you? _____ years.

14. What is your race? White/Caucasian Black/African American American Indian/Alaskan Native
Asian Native Hawaiian/Pacific Islander Other

15. Do you consider yourself to be of Hispanic origin? Yes No